

Application Data Sheet**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	HYDROXYLAMINE DERIVATIVES
Attorney Docket Number::	2503-1218
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: CARLA
Middle Name::
Family Name:: CACCIA
Name Suffix::
City of Residence:: CARDANO AL CAMPO
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA ROGORAZZO, 29D
Address::
City of Mailing Address:: CARDANO AL CAMPO
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-21010

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: LAURA
Middle Name::
Family Name:: GIROLA
Name Suffix::
City of Residence:: GERENZANO
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA VERDI, 4
Address::
City of Mailing Address:: GERENZANO

State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-21040

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: PETRA KARIN
Middle Name::
Family Name:: KALTOFEN
Name Suffix::
City of Residence:: MILANO
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA LANINO, B4
Address::
City of Mailing Address:: MILANO
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-20144

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: DANIELE
Middle Name::
Family Name:: LOSI
Name Suffix::
City of Residence:: ROVELLASCA
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA CARSO, 28B

Address::

City of Mailing Address:: ROVELLASCA

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-22069

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: PATRICIA

Middle Name::

Family Name:: SALVATI

Name Suffix::

City of Residence:: ARESE

State or Province of

Residence::

Country of Residence:: ITALY

Street of Mailing VIA VALERA, 16/C

Address::

City of Mailing Address:: ARESE

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-20020

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: ENRICO

Middle Name::

Family Name:: SELVA

Name Suffix::

City of Residence:: GROPELLO CAIROLI

State or Province of

Residence::

Country of Residence:: ITALY
Street of Mailing VIA DI VITTORIO, 23
Address::
City of Mailing Address:: GROPELLO CAIROLI
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-27027

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: FLORIAN
Middle Name::
Family Name:: THALER
Name Suffix::
City of Residence:: MERANO
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA VAL DI NOVA, 31
Address::
City of Mailing Address:: MERANO
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-39012

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2004/014077	12/10/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE	03028441.8	12/11/03	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::